

BOSE MCKINNEY & EVANS LLP**CUSTOMER NUMBER 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION**

Applicant: Risk
Serial No.: 10/627,226
Filing Date: July 25, 2003
Title: SIDERAIL PAD FOR A HOSPITAL BED
Group: 3673
Examiner: Trettel, M.
Attorney Docket No.: 8266-1089

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	63	20	43	\$18	\$774
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	12	3	9	\$86	\$774
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$1,548
TOTAL FEE FOR ADDITIONAL CLAIMS					\$1,548

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month is hereby requested
under 37 C.F.R. 1.136(a). The required fee for filing this extension is:

☒ Information Disclosure Statement

\$180

TOTAL FEE FOR THIS AMENDMENT

\$1,728

☒ A check in the amount of \$1,728.00 to cover the total fee for this
amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record
Printed Name: William S. Meyers
Registration No.: 42,884